



Washington State Department of
Labor & Industries

Installer Training and Certification Program
1-800-647-0982 FAX 360-902-5229
www.fas.lni.wa.gov

**APPLICATION FOR
MANUFACTURED HOME INSTALLER**

- **TRAINING AND CERTIFICATION**
- **TRAINING ONLY**
- **TRAINING MANUAL**
- **CERTIFICATION RENEWAL**

1. Purpose of Application

(Please check boxes that apply)

Installer Training and Certification

- | | |
|---|-------|
| <input type="checkbox"/> Installer Training and Certification Exam* | \$200 |
| <input type="checkbox"/> Installer Training Only* | \$100 |
| <input type="checkbox"/> Late Application Fee | \$ 20 |
| <input type="checkbox"/> Installer Training Manual | \$ 10 |
| (* Manual included) | |

Installer Certification Renewal

- | | |
|--|-------|
| <input type="checkbox"/> Certification Renewal | \$100 |
|--|-------|
- (Note: Four-hour continuing education (CE) training course or 12-hour training course required prior to renewal)**

2. Applicant Information

(Print clearly or type)

APPLICANT NAME (First, Middle Initial, Last)

☐ Mr.

☐ Ms.

☐ Mrs.

Mailing

Address:

Home Phone: _____

(check one)

☐ Home

☐ Business

City _____

County _____

State _____

Zip Code _____

Business

Name: *(If applicable)* _____

Business Phone: _____

Fax: _____

Applicant is ☐ owner ☐ employee of this business. E-mail Address: _____

3. Certification Information

(Applicants for Certification and Certification Renewal must complete)

Are you now or have you previously been certified to install manufactured homes in Washington State? ☐ Yes ☐ No

If **yes**, what was the last WAINS number issued to you? _____

WAINS _____

If **no**, list experience in the appropriate box. *Six months installation experience under direct supervision of certified manufactured home installer or 2 years residential construction required.*

Months

Years

☐ Installation experience

☐ Residential construction

☐ Both

Social Security No. _____ *(Required for certification)*

I certify that all information on this application is true and accurate to the best of my knowledge.

Signature _____

Date _____

4. Class Preference *(Applications post-marked after cut-off date must include late application fee - \$20)*

Location _____ Dates _____

*Make check payable to **Department of Labor and Industries** and mail to:*

Installer Training and Certification Program
PO Box 44420
Olympia, Washington 98504-4420

OFFICE USE ONLY Application ☐ Accepted ☐ Denied Applicant Notified _____
☐ Date Payment Received _____ From _____
☐ Confirmation Mailed _____ ☐ Show ☐ No-Show WAINS # _____
Exam Score _____ ☐ C & C Mailed _____ ☐ Manual Mailed _____
Refund Mailed _____